

Printed Name: _____ Phone No: _____

Title: _____

7.5 Certificate By Waste Treatment Works Owner

I hereby certify that (Please check one):

- ☒ 1. The waste treatment plant to which this project will be tributary has adequate reserve capacity to treat the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or
- ☐ 2. The Illinois Pollution Control Board, in PCB _____ dated _____ granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.
- ☐ 3. Not applicable

I also certify that, if applicable, the industrial waste discharges described in the application are capable of being treated by the treatment works.

Name of Waste Treatment Works: _____

Waste Treatment Works Owner: Fox Metro Water Reclamation District

Address: 682 State Route 31

City: Oswego State: IL Zip Code: 60543

Signature X _____ Date: _____

Printed Name: _____ Phone No: (630) 892-4378

Title: _____

Please return completed form to the following address:

Illinois Environmental Protection Agency
Permit Section, Division of Water Pollution Control
P.O. Box 19276
Springfield, Illinois 62794-9276

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

== COPY ==

#06.390

Illinois Environmental Protection Agency
Permit Section, Division of Water Pollution Control
P.O. Box 19276
Springfield, Illinois 62794-9276

Schedule FTP - Fast Track Service Connection Permit Application

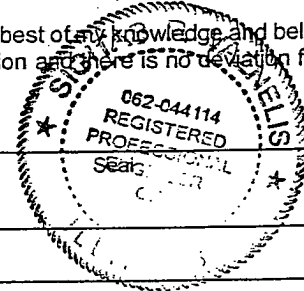
1. Name of Project Gemini Outpatient Facility

2. Certificate by Design Engineer.

I hereby certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate. The plans were prepared by me or under my direction and there is no deviation from the requirements of the Illinois Recommended Standards for Sewage Works.

Engineer Sigitas P. Vaznelis
Name

062-044114
Registration Number



Firm Morris Engineering, Inc.

Address 5100 Lincoln Avenue

Lisle, IL 60532-2119

Phone Number (630) 271-0770

Signature Sigitas P. Vaznelis

3. A. Commencing July 1, 2003, Section 12.2 of the Environmental Protection Act (415 ILCS 5/12.2, as amended by P.A. 93-32) requires the Agency to collect a fee for certain applications for the installation of sanitary sewer connections and extensions. Except for conditions listed below, the following fee schedule shall apply:

Fee Dollars	Population Equivalents
100	1
400	2-20
800	21-100
1200	101-499
2400	500 or more

Please send the appropriate fee; certified or cashiers checks made out to: "Treasurer, State of Illinois, Environmental Protection Permit and Inspection Fund" with the applicant's Federal Employee Identification Number (FEIN) appearing on the face of the check. Any fee remitted to the Agency shall not be refunded at any time or for any reason, either in whole or in part.

The Sewer Permit fee does not apply to:

1. Any Department, Agency or Unit of State Government
2. Any unit of local government where all of the following conditions are:
 - a) The cost of the installation or extension is paid wholly from monies of the unit of local government, grants or loans, federal grants or loans, or any combinations thereof;
 - b) The unit of local government is not given monies, reimbursed or paid, either in whole or in part, by another person except for state grants or loans or federal grants or loans;

I/We Fox Metro Water Reclamation District hereby certify that subsections 2a and 2b have been met.
(Signature of Unit of Government)

Submit a certified copy of budget item or council minutes if project is funded by unit of local government pursuant to Subsection B(1) and B(2) above.

- B. For any sanitary sewer connection that serves an industrial wastewater source, a \$1000 fee shall be required for any industrial wastewater source that does not require pretreatment of the wastewater prior to discharge to the publicly owned treatment works or publicly regulated treatment works.

4. **Project Location and Service Area:** Submit map(s) of the service area that includes the following:

- A. A 8 ½ x 11 inch detailed location map or USGS map showing the project with respect to major roadways.
B. The proposed sewer layout and project location.

Township 38N Section 20 Range 9E

- C. Submit 8 ½ x 11 inch detailed sanitary sewer connection plan view map.

5. **Minimum Requirements:**

	True	False	N/A
A. The applicant will construct, own and operate the service connection(s), no additional waste load or connections will be added in future and the sewer connection will not be extended in future.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The project is being constructed entirely within the Facilities Planning Area (F.P.A.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Non domestic liquid waste is not produced inside the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. A separate sanitary service connection is provided for each building and each service connection discharges directly to an existing publicly owned or publicly regulated sanitary sewer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The design is in accordance with Illinois Recommended Standards for Sewage Works (No deviation allowed).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Minimum size of the service sewer is 4 inches in diameter and is not less than the diameter of the plumbing pipe from the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Minimum slope of the service sewer is 1%.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Minimum cover over the service sewer is 3 feet.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Straight line alignment is maintained on service connection, otherwise cleanouts or manholes are provided at points of change in alignment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Service sewer is at least 10 feet horizontally separated from the water main or water service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Service sewer crossing the water main or water service is laid with sewer below the water line and the crown of the sewer a minimum 18 inches below the invert of the water line.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Flexible pipe to be installed in accordance with ASTM 2321-00 using Class IA or 1B or II or III (circle one or more) embedment material and same material to be used from 4 inches below the pipe to at least 6 inches above the pipe.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Bedding Class A or B or C (circle one) as described in ASTM C12 to be used for rigid pipe.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Illinois Historical Preservation Agency (IHPA) approval obtained and submitted with this application.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any item in above Section 5 of this application is checked 'False', the proposed project does not qualify for the Fast Track Permit application. Submit WPC-PS-1, Schedule A/B, and necessary plans and specifications

6. Additional Requirements:

- | | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| A. Is the project located in a designated wetlands? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Are the sanitary sewers, cleanouts or manholes located in a flood plain or subject to flooding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, (1) was the buoyancy of sewers considered and watertight manhole or cleanout covers used wherever the manholes tops may be flooded by surface runoff or high water or are below ground cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Pickholes in all manholes likely to be flooded not larger than 1 inch in diameter and of the concealed type | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are Erosion Control Measures specified for the project? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is Service sewer or manhole located within 50 feet of a private or public potable water well? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, (1) is the manhole at least 50 feet from the well? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (2) is the sanitary service sewer at least 10 feet from well? | <input type="checkbox"/> | <input type="checkbox"/> | |
| (3) is the sanitary service sewer constructed of water main quality pipe and joint if located between 10 feet and 50 feet from the well? | <input type="checkbox"/> | <input type="checkbox"/> | |

7. Type of Development: Commonly used quantities of domestic sewage flows from miscellaneous type facilities are listed in Appendix B, Table 2 of the Illinois Recommended Standards for Sewage Works.

A. Type of Service: Residential ☐ ; Non-Residential ☐ ; Other ☒ ;

B. Residential Building(s): Number of single family dwelling building(s) N/A ;

Number of Multiple family dwelling building(s) _____; Estimated total residential P.E. _____

"Please provide an itemized list of each multiple family dwelling building: Number of 1, 2 and 3 bedroom units; the total P.E. for each building and the total P.E. for multiple family dwelling buildings."

C. Non-Residential Building(s): Describe use of building(s) Professional Office Building

Number of non-residential building(s) 1 Estimated number of employees 16 ;

Estimated number of occupants (transient) 50 Total non-residential P.E. 22

D. Total Loading for the Project (Sum of B and C): Design Average Flow 2200 G.P.D.; P.E. _____

8. Sanitary Sewer Service Connection(s):

Number of Service Connection(s) 1 Pipe Size(s) 6" Total Pipe Length 260

Number of Manholes (do not include cleanouts) 1

9. Existing Sewer System:

A. This project will connect to one of the following:

- | | | | |
|-----------------------------|-------------------------------------|-----------------------------|--------------------------|
| 1. existing sanitary sewer | <input checked="" type="checkbox"/> | 4. permitted combined sewer | <input type="checkbox"/> |
| 2. existing combined sewer | <input type="checkbox"/> | 5. proposed sanitary sewer | <input type="checkbox"/> |
| 3. permitted sanitary sewer | <input type="checkbox"/> | 6. proposed combined sewer | <input type="checkbox"/> |

If permitted but not constructed and operational, provide permit number _____

B. Size and location of downstream sewer

8" PVC at the SW corner of the property

For IEPA Use Only:

	Yes	No
Application is complete?	<input type="checkbox"/>	<input type="checkbox"/>
The project qualifies for a FTP?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Special Conditions:

☐ 34 Wetlands
☐ 36 NPDES Storm Water Permit
☐ 213 IDOT (flood plain, delete 34)

Review Engineer Signature_____
Unit Manager Signature



Illinois Environmental Protection Agency
 Permit Section, Division of Water Pollution Control
 P.O. Box 19276
 Springfield, Illinois 62794-9276

For IEPA Use:

**Application for Permit or Construction Approval
 WPC-PS-1**

1. Owner Name: Partners In Development

Name of Project: Gemini Outpatient Facility

Township: City of Aurora

County: Du Page

2. Brief Description of Project:

Construction of approximately 260 feet of PVC sanitary sewer service with the necessary appurtenances, to serve a medical outpatient facility.

3. Documents Being Submitted: If the Project involves any of the items listed below, submit the corresponding schedule, and check the appropriate boxes.

	<u>Schedule</u>		<u>Schedule</u>
Private Sewer Connection/Extension	A/B <input type="checkbox"/>	Spray Irrigation	H <input type="checkbox"/>
Sewer Extension Construct Only	C <input type="checkbox"/>	Septic Tanks	I <input type="checkbox"/>
Sewage Treatment Works	D <input type="checkbox"/>	Industrial Treatment/Pretreatment	J <input type="checkbox"/>
Excess Flow Treatment	E <input type="checkbox"/>	Waste Characteristics	N <input type="checkbox"/>
Lift Station/Force Main	F <input type="checkbox"/>	Erosion Control	P <input type="checkbox"/>
Fast Track Service Connection	FTP <input checked="" type="checkbox"/>	Trust Disclosure	T <input type="checkbox"/>
Sludge Disposal	G <input type="checkbox"/>		

Plans: Title Gemini Outpatient Facility

(civil only)

No. of Pages: 4

Specifications: Title Incorporated in the plan

No. of Books/Pages: N/A

Other Documents: _____
 (Please Specify)

3.1 Illinois Historic Preservation Agency approval letter: Yes ☐ No ☐

4. Land Trust: Is the project identified in item number 1 herein, for which a permit is requested, to be constructed on land which is the subject of a trust? Yes ☐ No ☒

If yes, Schedule T (Trust Disclosure) must be completed and item number 7.1.1 must be signed by a beneficiary, trustee or trust officer.

5. This is an Application for (Check Appropriate Line):

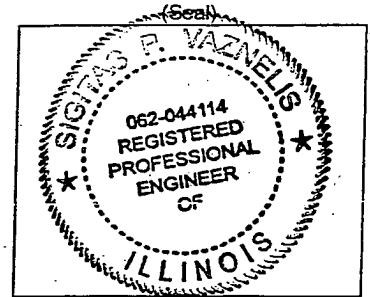
- ☒ A. Joint Construction and Operating Permit
☐ B. Authorization to Construct (See Instructions) NPDES Permit No. IL00 _____
☐ C. Construct Only Permit (Does Not Include Operations)
☐ D. Operate Only Permit (Does Not Include Construction)

000946

6. Certifications and Approval:

6.1 Certificate by Design Engineer (When required: refer to instructions)

I hereby certify that I am familiar with the information contained in this application, including the attached schedules indicated above, and that to the best of my knowledge and belief such information is true, complete and accurate. The plans and specifications (specifications other than Standard Specifications or local specifications on file with this Agency) as described above were prepared by me or under my direction.

Engineer Name: Sigitas P. VaznelisRegistration Number: 062 - 044114
(3 digits) (6 digits)Firm: Morris Engineering, Inc.Address: 5100 Lincoln AvenueCity: Lisle State: IL Zip: 60532 Phone No: (630) 271-0770Signature X *Sigitas P. Vaznelis* Date: 12/07/06

7. Certifications and Approvals for Permits:

7.1 Certificate by Applicant(s)

I/We hereby certify that I/we have read and thoroughly understand the conditions and requirements of this Application, and am/are authorized to sign this application in accordance with the Rules and Regulations of the Illinois Pollution Control Board. I/We hereby agree to conform with the Standard Conditions and with any other Special Conditions made part of this Permit.

7.1.1 Name of Applicant for Permit to Construct: Partners In DevelopmentAddress: 6301 S Cass AvCity: Westmont State: IL Zip Code: 60559Signature X *Thomas W. Lehman* Date: 8 Dec 06Printed Name: Thomas W. Lehman, P.E. Phone No: (630) 963-8184Title: Managing PrincipalOrganization: Partners in Development7.1.2 Name of Applicant for Permit to Own and Operate: Partners In DevelopmentAddress: 6301 S Cass AvCity: Westmont State: IL Zip Code: 60559Signature X *Thomas W. Lehman* Date: 8 Dec 06Printed Name: Thomas W. Lehman, P.E. Phone No: (630) 963-8184Title: Managing Principal

000947

7.2 Attested (Required When Applicant is a Unit of Government)

Signature X _____ Date: _____

Title: _____
(City Clerk, Village Clerk, Sanitary District Clerk, Etc.)

7.3 Applications from non-governmental applicants which are not signed by the owner, must be signed by a principal executive officer of at least the level of vice president, or a duly authorized representative.

7.4 Certificate By Intermediate Sewer Owner

I hereby certify that (Please check one):

- ☒ 1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the environmental Protection Act or Subtitle C, Chapter I, or
- ☐ 2. The Illinois Pollution Control Board, in PCB _____ dated _____ granted a variance from Subtitle C, Chapter I to allow construction of facilities that are the subject of this application.

Name and location of sewer system to which this project will be tributary:

Oakhurst, Unit 52 8" diameter

Sewer System Owner: City of Aurora

Address: 44 East Downer Place

City: Aurora State: IL Zip Code: 60507-2067

Signature X Stephen K. Andras Date: 1/15/07

Printed Name: STEPHEN K. ANDRAS Phone No: 630 844 3620

Title: ASSISTANT CITY ENGINEER

7.4.1 Additional Certificate By Intermediate Sewer Owner

I hereby certify that (Please check one):

- ☒ 1. The sewers to which this project will be tributary have adequate reserve capacity to transport the wastewater that will be added by this project without causing a violation of the environmental Protection Act or Subtitle C, Chapter I, or
- ☐ 2. The Illinois Pollution Control Board, in PCB _____ dated _____ granted a variance from Subtitle C, Chapter I to allow construction facilities that are the subject of this application.
- ☐ 3. Not applicable

Name and location of sewer system to which this project will be tributary:

Sewer System Owner: Fox Metro Water Reclamation District

Address: 682 State Route 31

City: Oswego State: IL Zip Code: 60543

Signature X _____ Date: _____

000948

Printed Name: _____ Phone No: (630) 892-4378

Title: _____

7.5 Certificate By Waste Treatment Works Owner

I hereby certify that (Please check one):

- ☒ 1. The waste treatment plant to which this project will be tributary has adequate reserve capacity to treat the wastewater that will be added by this project without causing a violation of the Environmental Protection Act or Subtitle C, Chapter I, or
- ☐ 2. The Illinois Pollution Control Board, in PCB _____ dated _____ granted a variance from Subtitle C, Chapter I to allow construction and operation of the facilities that are the subject of this application.
- ☐ 3. Not applicable

I also certify that, if applicable, the industrial waste discharges described in the application are capable of being treated by the treatment works.

Name of Waste Treatment Works: _____

Waste Treatment Works Owner: Fox Metro Water Reclamation DistrictAddress: 682 State Route 31City: Oswego State: IL Zip Code: 60543

Signature X _____ Date: _____

Printed Name: _____ Phone No: (630) 892-4378

Title: _____

Please return completed form to the following address:

Illinois Environmental Protection Agency
 Permit Section, Division of Water Pollution Control
 P.O. Box 19276
 Springfield, Illinois 62794-9276



City of Aurora

Engineering Division • 44 E. Downer Place • Aurora, Illinois 60507-2067 • (630) 844-3620
FAX (630) 892-0322

Kenneth Schroth, P.E.
Director of Public Works
City Engineer

January 10, 2007

Thomas W. Lehman, PE
Partners In Development
6301 South Cass Avenue, Suite 301
Westmont, IL 60559

Re: Project #06.390
Gemini Outpatient Facility
240 N. Oakhurst

Dear Mr. Lehman,

Enclosed please find two (2) sets of approved plans for the above referenced project. In addition, the following are required:

1. All contractors working in the public Right of Way must be licensed and bonded with the City of Aurora Engineering Department.
2. Earthwork, underground and paving contractors **must** notify our field inspector, Jim Chambers (630-373-2831), a minimum of **72 hours** prior to starting. Earthwork contractors **must** notify our erosion control inspector, Kane-DuPage Soil and Water Conservation District (630-584-7961), a minimum of **72 hours** prior to starting.
3. **If an IEPA permit is required**, construction may not begin on sanitary sewers and watermains until an IEPA permit to construct has been obtained.
4. Mud, dirt, gravel and debris will not be tolerated on any streets. An all-weather, stabilized construction entrance will be installed and maintained regularly.
5. All streetlight cables (existing or proposed) that cross-driveways and sidewalks must be placed in 2" galvanized steel conduit. Splices are not allowed for cable repairs.
6. Be advised that building permits will not be issued until all requirements of the City of Aurora Code of Ordinances Chapter 43 Article I Section 43-12 have been met.



7. Be advised that record drawings (as-builts) and the granting of all necessary easements are required as a condition of receiving an occupancy permit. A punch list will be created, based on a review of the as-builts and field inspection, and submitted to the engineer for repairs. When all items have been repaired and approved by the inspector and all required submittals have been made, an occupancy permit will be agreed to by the Engineering Dept.

Please be sure the above information is supplied to the contractors on site.

Please be advised that the Construction Group within the Engineering Division will be involved in this project from this point forward. Please contact either our field representative listed above or Dan Goewey in the Engineering Division (844-3620) for all construction related items.

Sincerely,



John H. Spoelma
CITY OF AURORA
Department of Public Works
Engineering Division

cc:

Ken Schroth, City of Aurora Public Works Department
Steve Andras, City of Aurora Engineering Division
Dan Feltman, City of Aurora Engineering Division
Dan Goewey, City of Aurora Engineering Division
Ray Hull, City of Aurora Water and Sewer Maintenance w/Approved Plans
Dave Schumacher, City of Aurora Water Production Division w/Approved Plans
Jim Chambers, CMT w/Approved Plans
Herman Beneke, City of Aurora Building and Permits
Jonas V. Vaznelis, Morris Engineering, Inc.



Kenneth Schroth, P.E.
 Director of Public Works/
 City Engineer

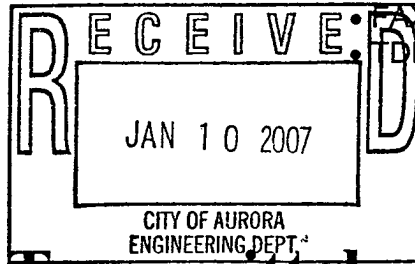
City of Aurora

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620

FAX (630) 892-0322

DD (630) 892-8858



Letter of Transmittal

TO: Charter One

20 Cabot Road, 4th Floor

Medford, MA 02155-5141

Date:	12/30/06	Project No:	06.390
Attention:	Micheal F. Dougan		
Re:	Letter of Credit		

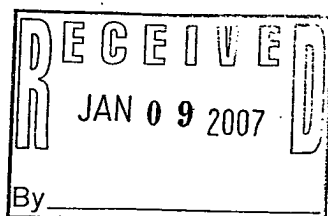
We are sending you:

Copies	Date	No.	Description
1			Letter of Credit
1			Mark-Up of Page 2

Comments:

The attached letter of credit is erroneous.
 Correct per the attached marked-up page 2.

*Please Return Amendment
 # 001, at your earliest
 opportunity. Thanks.
 M. Dougan*



Signed:

John N. Spoelma

John N. Spoelma
 630-906-7432

000952

MEMO

TO: Steve Andras
FROM: John Spoelma
DATE: 01/10/2007
RE: Gemini Outpatient Facility
Project #06.390

Steve,

Please sign the attached IEPA Sanitary Permit Applications for a sanitary service (Clerks signature not required).

I felt a little further explanation was in order: You had signed applications before (also attached). However, the applications listed the City on line 7.4.1 "Additional Certificate By Intermediate Sewer Owner" rather than on line 7.4 "Certificate By Intermediate Sewer Owner".

I didn't think it was a big problem, as long as the City was listed as one of the "Intermediate Sewer Owners". Well FMWRD didn't think so. Hence, the new applications to sign.

000953

Spoelma, John

To: Andras, Steve
Cc: Feltman, Dan
Subject: Project #06.390

Steve,

I have placed the engineering plans for project #06.390, Gemini Outpatient Facility, 240 N. Oakhurst in you mail box for your approval.

Again, I'm waiting for last minute submittal of a revised letter of credit (they had erroneously stated the guarantee of the improvements at the banks address - one south wacker drive in Chicago - I'm the meanest and nastiest guy on earth for making them correct it)

Thanks

John H. Spoelma
CITY OF AURORA
Department of Public Works
Engineering Division

*I REALLY DON'T BELIEVE
THAT!*

Spoelma, John

To: Andras, Steve
Cc: Feltman, Dan
Subject: Project #06.390

Steve,

I have placed the engineering plans for project #06.390, Gemini Outpatient Facility, 240 N. Oakhurst in you mail box for your approval.

Again, I'm waiting for last minute submittal of a revised letter of credit (they had erroneously stated the guarantee of the improvements at the banks address - one south wacker drive in Chicago - I'm the meanest and nastiest guy on earth for making them correct it)

Thanks

John H. Spoelma
CITY OF AURORA
Department of Public Works
Engineering Division



Kenneth Schroth, P.E.
 Director of Public Works/
 City Engineer

City of Aurora

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620
 • FAX (630) 892-0322
 • TDD (630) 892-8858

Letter of Transmittal

TO: Charter One

20 Cabot Road, 4th Floor

Medford, MA 02155-5141

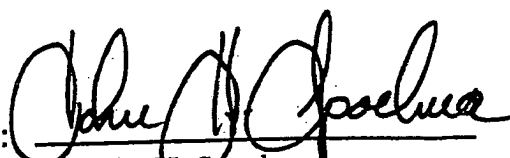
Date:	12/30/06	Project No:	06.390
Attention:	Micheal F. Dougan		
Re:	Letter of Credit		

We are sending you:

Copies	Date	No.	Description
1			Letter of Credit
1			Mark-Up of Page 2

Comments:

The attached letter of credit is erroneous.
 Correct per the attached marked-up page 2.

Signed: 
 John N. Spoelma
 630-906-7432

000956



City of Aurora

Engineering Division • 44 E. Downer Place • Aurora, Illinois 60507-2067 • (630) 844-3620
FAX (630) 892-0322

Kenneth Schroth, P.E.
Director of Public Works
City Engineer

FAX COVER SHEET

DATE: 12/28/06

TIME: 3:10 PM

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3

ATTENTION: Glen Mazade

FIRM NAME: Charter One

FAX NUMBER: 312-777-3497

FROM: John Spelman

RE: Letter of Credit revisions

**IF A PROBLEM IN TRANSMISSION OCCURS,
PLEASE CALL (630) 844-3620.**

000957



* * * COMMUNICATION RESULT REPORT (DEC.28.2006 4:18PM) * * *

FAX HEADER: AURORA ENG DEPT

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
591 MEMORY TX		13127773497	OK	P. 3/3

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

City of Aurora

Engineering Division • 44 E. Downer Place • Aurora, Illinois 60507-2067 • (630) 844-3620
FAX (630) 892-0322Kenneth Schroth, P.E.
Director of Public Works
City Engineer

FAX COVER SHEET

DATE: 12/28/06TIME: 3:10 PMTOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 3ATTENTION: Glen MazadeFIRM NAME: Charter OneFAX NUMBER: 312-777-3497

000958



City of Aurora

Engineering Division • 44 E. Downer Place • Aurora, Illinois 60507-2067 • (630) 844-3620
FAX (630) 892-0322

Kenneth Schroth, P.E.
Director of Public Works
City Engineer

December 27, 2006

Sigitas P. Vaznelis, PE
Morris Engineering
5100 S. Lincoln
Lisle, IL 60532

Re: Project #06.390
Gemini Office Development
240 N. Oakhurst Drive

Dear Mr. Vaznelis,

We have completed the review of the engineering plans received on 12/22/06 for the above referenced project and have found them to be in conformance with our previous review comments and acceptable for the final approval process.

The plans or permit will not be approved until the fees have been paid and acceptable Security has been submitted and approved.

If you have any questions regarding the above review comments please call me at 630-906-7432.

Sincerely,

John H. Spoelma
CITY OF AURORA
Department of Public Works
Engineering Division

cc:

Ken Schroth, City of Aurora, Director of Public Works/ City Engineer
Dan Feltman, City of Aurora, Engineering Division
Thomas W. Lehman, Gemini Office Development





City of Aurora

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620
FAX (630) 892-0322
TDD (630) 892-8858

Kenneth Schroth, P.E.
Director of Public Works/
City Engineer

FAX COVER SHEET

DATE: 12/27/2006

TIME: 3:25 PM

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2

ATTENTION: Sigitas P. Vaznelis

CC: Thomas Lehman

NAME OF FIRM: Morris Engineering, Inc.

Partners in Development

FAX NUMBER: 630-271-0774

630-963-4475

FROM: John H. Spoelma

RE: Project #06.390

Gemini Outpatient

240 N. Oakhurst

COMMENTS:

See attached letter.

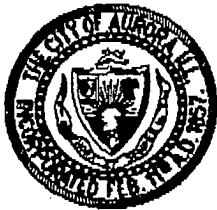
000960

* * * COMMUNICATION RESULT REPORT (DEC.27.2006 4:26PM) * * *

FAX HEADER: AURORA ENG DEPT

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
586 MEMORY TX		2710774	OK	P. 2/2

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

Kenneth Schroth, P.E.
Director of Public Works/
City Engineer

City of Aurora

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620
FAX (630) 892-0322
TDD (630) 892-8858

**FAX
COVER SHEET**DATE: 12/27/2006TIME: 3:25 PMTOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2ATTENTION: Sigitas P. VaznellsCC: Thomas LehmanNAME OF FIRM: Morris Engineering, Inc.Partners in DevelopmentFAX NUMBER: 630-271-0774630-963-4475FROM: John H. SpoelmaRE: Project #06.390

000961

* * * COMMUNICATION RESULT REPORT (DEC.27.2006 4:27PM) * * *

FAX HEADER: AURORA ENG DEPT

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
587 MEMORY TX		9634475	OK	P. 2/2

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION

Kenneth Schroth, P.E.
Director of Public Works/
City Engineer

City of Aurora

DPW Engineering Division

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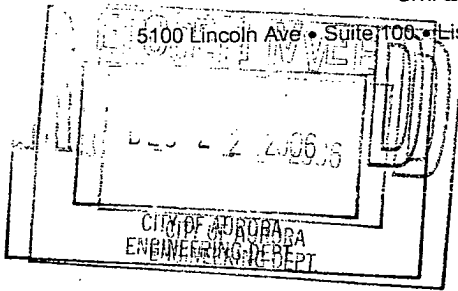
**FAX
COVER SHEET**DATE: 12/27/2006TIME: 3:25 PMTOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2ATTENTION: Sigitas P. VaznelisCC: Thomas LehmanNAME OF FIRM: Morris Engineering, Inc.Partners in DevelopmentFAX NUMBER: 630-271-0774630-963-4475FROM: John H. SpoelmaRE: Project #06.390

000962



Civil Engineering Consulting & Surveying

5100 Lincoln Ave. • Suite 100 • Lisle, IL 60532-2119 • 1 (630) 271-0770 • 1 (630) 271-0774 Fax



Project File No. 06-PR-5004

cc: Client ☒ Accounting ☒ File ☒

Method of Delivery: Hand Delivery

Client Notified Ready for Pick-up 12/21/06 *Ggo*

LETTER OF TRANSMITTAL

Scott from Krall Construction will pick up and hand deliver.

To: John H. Spoelma, Civil Engineer 1	Date: December 21, 2006
City of Aurora-Department of Public Works	
Engineering Division - 4 th FL	RE: Engineering Department Submittal
44 East Downer Place	Gemini Outpatient Facility
Aurora, IL 60507-2067	
1 (630) 906-7432	240 N Oakhurst Dr, Aurora, IL

Documents Enclosed:

Quantity	Date	No.	Document Title
8	12/21/06	4 pgs	Final Plan (Revision 7 per City of Aurora) 24" x 36" plan sets

Comments:

cc: Mr. Kristos Tsogas, Jensen & Halsted Ltd (with enclosure)
 Mr. Thomas W. Lehman, Partners in Development (with enclosure)

From: Jon V. Vaznelis, Ext. 105
 Project Manager

Pick-up Date: _____

Pick-up By: _____

000963



City of Aurora

DPW Engineering Division

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FAX (630) 892-0322
TDD (630) 892-8858

Kenneth Schroth, P.E.
Director of Public Works/
City Engineer

FAX COVER SHEET

DATE: 12/26/06

TIME: 7:15 AM

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2

ATTENTION: Michael F. Dougan

CC: Jonas Vaznelis

NAME OF FIRM: Charter One

Morris Engineering

FAX NUMBER: 791-391-8701

630-271-0774

CC: Thomas Lehman

Partners in Development

630-963-4475

FROM: John H. Spoelma

RE: Project # 06.390
Gemini Outpatient Facility
240 N. Oakhurst Aurora, IL

COMMENTS:

Attached is a mark-up of required revisions to page 2 of the letter of credit submitted for the above listed project.

000964

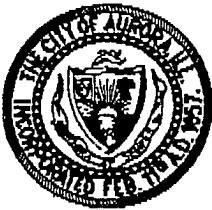
* * * COMMUNICATION RESULT REPORT (DEC.26.2006 8:28AM) * * *

FAX HEADER: AURORA ENG DEPT

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
575 MEMORY TX		17913918701	E-3)3)	P. 0/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION

**City of Aurora**

DPW Engineering Division

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FAX (630) 892-0322
TDD (630) 892-8858

Kenneth Schroth, P.E.
Director of Public Works/
City Engineer

FAX COVER SHEET

DATE: 12/26/06TIME: 7:15 AMTOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2ATTENTION: Michael F. DouganCC: Jonas VaznelisNAME OF FIRM: Charter OneMorris EngineeringFAX NUMBER: 791-391-8701630-271-0774CC: Thomas Lehman000965

Bartram in Development

* * * COMMUNICATION RESULT REPORT (DEC.26.2006 8:20AM) * * *

FAX HEADER: AURORA ENG DEPT

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
577 MEMORY TX		9634475	OK	P. 2/2

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION



Kenneth Schroth, P.E.
Director of Public Works/
City Engineer

City of Aurora

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620
FAX (630) 892-0322
TDD (630) 892-8858

FAX COVER SHEET

DATE: 12/26/06TIME: 7:15 AMTOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2ATTENTION: Michael F. DouganCC: Jonas VaznellsNAME OF FIRM: Charter OneMorris EngineeringFAX NUMBER: 791-391-8701630-271-0774CC: Thomas Lehman 000966

* * * COMMUNICATION RESULT REPORT (DEC.26.2006 8:18AM) * * *

FAX HEADER: AURORA ENG DEPT

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
576 MEMORY TX		2710774	OK	P. 2/2

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION**City of Aurora**

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620
FAX (630) 892-0322
TDD (630) 892-8858Kenneth Schroth, P.E.
Director of Public Works/
City Engineer**FAX
COVER SHEET**DATE: 12/26/06TIME: 7:15 AMTOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2ATTENTION: Michael F. DouganCC: Jonas VaznelisNAME OF FIRM: Charter OneMorris EngineeringFAX NUMBER: 791-391-8701630-271-0774CC: Thomas Lehman000967



Kenneth Schroth, P.E
Director of Public Works/
City Engineer

City of Aurora

DPW Engineering Division

44 E. Downer Place • Aurora, Illinois 60507-2067 • Phone (630) 844-3620
FAX (630) 892-0322
TDD (630) 892-8858

FAX COVER SHEET

DATE: 12/15/2006

TIME: 3:40 PM

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2

ATTENTION: Sigitas P. Vaznelis

CC: Thomas Lehman

NAME OF FIRM: Morris Engineering, Inc.

Partners in Development

FAX NUMBER: 630-271-0774

630-963-4475

FROM: John H. Spoelma

RE: Project #06.390

Gemini Office Development

240 N. Oakhurst Drive

COMMENTS:

Attached is the Engineering Division's fifth review letter.

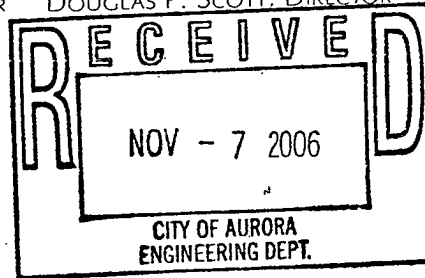
000968



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 NORTH GRAND AVENUE EAST, P.O. BOX 19276, SPRINGFIELD, ILLINOIS 62794-9276 - (217) 782-3397
 JAMES R. THOMPSON CENTER, 100 WEST RANDOLPH, SUITE 11-300, CHICAGO, IL 60601 - (312) 814-6026

ROD R. BLAGOJEVICH, GOVERNOR DOUGLAS P. SCOTT, DIRECTOR



217/782-0610

November 3, 2006

Morris Engineering, Inc.
 Attn: Sigitas Vaznelis
 5100 Lincoln Avenue
 Lisle, Illinois 60532-2119

Re: Aurora - Gemini Outpatient Facility, Log No. 2520-06
 Notice of Incompleteness

Dear Mr. Vaznelis:

The Application for Permit received November 1, 2006, for the above-listed project has been reviewed and deemed to be an incomplete submission of an application. The submittal cannot at this time be considered to be filed. Certain information and/or documents are required in accordance with Subtitle C, Chapter I:

1. Submit two copies of the WPC-PS-1 Application, one with original signatures.
2. Please advise as to why the Historic Preservation Agency approval letter is not applicable for the proposed project.

In accordance with 35 Ill. Admin. Code 309.225, the Applicant may treat this Agency's notification, that the application is incomplete, as a denial of the application for purposes of review.

The Agency will be pleased to reevaluate your permit application on receipt of your written request and the necessary information and documentation to correct or clarify the deficiencies noted above. The Application will be considered filed on the date that the Agency receives your written request. If the Agency receives the permit application with the above deficiencies corrected within 90 days of the date of this letter, a permit may be issued without additional fees becoming due. Please reference the above-listed log number in your transmittal letter.

Page 2

Should you have any questions or comments regarding the above, please contact Melissa Parrott at the indicated telephone number and address.

Sincerely,



Alan Keller, P.E.
Manager, Permit Section
Division of Water Pollution Control

SAK:2520noi.map

cc: Fox Metro WRD
City of Aurora
RU
Binds
DWPC-Des Plaines

000970